2005 Provider Benchmarking Log

Washington State Department of Health Immunization Program

| period: <u>September 1 thru September 30</u> |
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| Practice Name_ | |
|----------------|--|
| Phone Number | |
| County | |

Record ALL Children 0-18 Years Who Receive Vaccine in your practice during September 2005

| Client Identifier (optional - for | Child's Date of Birth | Private Insurance | Medicaid (patient's health | No Insurance (self-pay; patient | Under-Insured (patient has insurance | American Indian / Alaskan Native |
|-----------------------------------|--------------------------|----------------------|-----------------------------------|---------------------------------|--------------------------------------|----------------------------------|
| provider office | 211111 | (patient has health | insurance is paid by State | does not have any | that does not cover | (see Section 7 |
| use only) | (Mo/Day/Year) | insurance) | Medicaid Program) | insurance) | immunizations) | on reverse) |
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^{*}NOTE: You only need to complete one line per child, regardless of the number of vaccines given to that child.

Please return all benchmarking tally sheets by October 15, 2005 to: Wendy Lee, DOH Immunization Program, PO Box 47843, Olympia WA 98504-7843. Forms may also be faxed to 360-236-3590.

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